

Due the 5th of EACH Month

MONTHLY VACCINE REPORT FORM (Private)

VFC ID # _____

Name of Facility: _____

Person Filing Report: _____

Address: _____

Phone: _____

Report for the Month of: _____ Year: _____

Vaccine	Doses on Hand Beg. of Month	Doses Rec. During Month	Doses Lost or Returned to State	Total Doses Available	Doses Administered By Age (In Years)								Total Each Row	Total Doses Each Vaccine	Doses on Hand End of Month	Lot Numbers and Outdates
					<1	1	2	3-4	5	6-9	10-14	15-18				
DTaP														Total DTaP ↓		
DTaP/ IPV														Total DTaP IPV ↓		
DTaP/ IPV/ HIB														Total DTaP/IPV/ HIB ↓		
DTaP/ IPV/ Hep B														Total DTaP IPV/Hep B ↓		
IPV														Total IPV ↓		
HIB														Total HIB ↓		
Pneumo (PCV13)														Total PVC13 ↓		
PPV (23) High Risk														Total PPV23 ↓		
MMRV														Total MMRV		

MAIL ONLY: (If you fax you must mail a copy also) to Home IV Pharmacy, 2601 ½ Continental, Butte, MT 59701HES-111B DPHHS (Revised 6/2010) UPDATED FORMS FOUND AT <http://immunization.mt.gov>

Facility Address: _____

VFC ID# _____

Facility Phone Number: _____

Vaccine	Doses on Hand Beg. of Month	Doses Rec. During Month	Doses Lost or Returned to State	Total Doses Available	Doses Administered By Age								Total Each Row	Total Doses Each Vaccine	Doses on Hand End of Month	Lot Numbers And Outdates
					<1	1	2	3-4	5	6-9	10-14	15-18				
Rotavirus 2-dose														Total Rota (2 dose) ↓		
Rotavirus 3-dose														Total Rota (3 dose) ↓		
MMR														Total MMR ↓		
Varicella														Total Var ↓		
Tdap														Total Tdap ↓		
Td														Total Td ↓		
Mening														Total Mening ↓		
HPV														Total HPV ↓		
Hep A														Total Hep A ↓		
Hep B														Total Hep B ↓		

MAIL ONLY: (If you fax you must mail a copy also) to Home IV Pharmacy, 2601 ½ Continental, Butte, MT 59701

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Facility Address: _____

VFC ID# _____

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Vaccine	Doses on Hand Beg. of Month	Doses Rec. During Month	Doses Lost or Returned to State	Total Doses Available	Doses Administered By Age								Total Each Row	Total Doses Each Vaccine	Doses on Hand End of Month	Lot Numbers And Outdates
					<1	1	2	3-4	5	6-9	10-14	15-18				
Flu .25 Infant														Total .25 Flu ↓		
Flu .50														Total .5 Flu ↓		
Flumist														Total Flumist ↓		
Flu Multi-dose Vials														Total Flu Multit-dose ↓		
Other														Other ↓		

Adult Pneumococcal Vaccine

Doses Administered By Age

Vaccine	Doses on Hand Beg. of Month	Doses Rec. During Month	Doses Lost or Returned to State	Total Doses Available	19	20-24	25-44	45-64	65+	Total Each Row	Total Doses Each Vaccine	Doses on Hand End of Month	Lot Numbers And Outdates
											Total PPSV ↓		

MAIL ONLY: (If you fax you must mail a copy also) to Home IV Pharmacy, 2601 ½ Continental, Butte, MT 59701

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